

APM ePermitting Guidebook

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Chemical Permit Application for Non-Private Sites (3200-004)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:	<input type="text"/>
<small>The permit application will be saved automatically with this name</small>	
Activity	<input type="text" value="Select Activity....."/>

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site to be treated.

Activity:

Select *Chemical Control Application*.

The permit is now saved under your drafts and the following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

[Home](#)[Contacts](#)[Site](#)[Application](#)[Attachments](#)[Payment](#)[Signature](#)

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

The permit application will be saved automatically with this name

Activity**Eligibility:**

(All questions must be no for it to be considered a private pond.)

Is there more than one property owner?

☒

Yes

☐

No

Will there be uncontrolled surface water discharge?

☒

Yes

☐

No

Does the water body have public access?

☒

Yes

☐

No

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:

http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Enter previous years permit information below to import Contact Information (Optional)

Permit ID #:

Business Certification Number:

[How to locate last years permit](#)

Eligibility:

Answer questions based on the proposed treatment site. You must answer the questions before proceeding.

Note: If all answers are “no”, the site is considered private and you will be automatically directed to the private pond form. Please see [Instructions for Chemical Permit Application Private Sites \(3200-155\)](#)


Enter previous years information (Optional)


To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click **Import Permit**.

Click **Contacts** Tab to proceed.

Contacts Tab

Contact Information

 Save

Do not close your work until you **SAVE**.  Close

Home

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Signature

Contact Information

Applicant or Pond Owner Information (Select Applicant Role)

☐ Private Individual ☐ Contractor ☐ Lake Organization (Specify): _____

Organization

Last Name:

First Name:

Mailing Address:

City:

State: Wisconsin ▼

Zip Code:

Email:

Phone Number:
(xxx-xxx-xxxx)

Alternative Phone Number:
(xxx-xxx-xxxx)

Applicant or Pond Owner Information (Select Applicant Role)

Choose role. If *Lake Organization*, enter the name.

Fill out contact information as accurately as possible. Fields marked with red * are required.

Waterbody Address	
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Street Address:	<input type="text"/> *
City:	<input type="text"/> *
State:	Wisconsin ▼
Zip Code:	<input type="text"/> *
Email:	<input type="text"/>
Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	
Alternative Phone Number:	<input type="text"/>
(xxx-xxx-xxxx)	

Waterbody Address

Enter waterbody contact information. Enter the most accurate address you can find for the site. If you cannot find a specific street address, enter the nearest road name/intersection or fire number. The other fields are optional. Provide that information if it differs from the applicant contact information above.

Applicator	
Name of Applicator Firm:	<input type="text"/> *
Applicator Certification #:	<input type="text"/> *
Business Location License #:	<input type="text"/>
Restricted Use Pesticide #:	<input type="text"/>
Address:	<input type="text"/> *
City:	<input type="text"/> *
State:	Wisconsin ▼
Zip:	<input type="text"/> *
County:	<input type="text"/> ▼
Email:	<input type="text"/> *
Phone Number:	<input type="text"/> *
(xxx-xxx-xxxx)	

Applicator

Enter applicator contact information. The certification number is for the person(s) applying the herbicide and the business location license # is for the firm. If you do not know the numbers, you can

search by last name and by business here: www.kellysolutions.com/WI/Applicators/index.asp Valid numbers for all people who will be handling (loading unsealed herbicide containers, mixing, or applying) must be supplied and the business also must be currently licensed with DATCP. Enter more than 1 number separated by a comma.

Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal			
Individuals and organizations (e.g. Lake District, Lake Association, Property Owners Association, County Department of Recreation), sponsoring removal.			
<input type="checkbox"/> Uploaded riparian owners to attachment tab			
Name	Address	Phone	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/> Add Contact			


Adjacent Riparian Property Owner Names or Other Individuals Sponsoring Removal


If you checked Yes to the previous question “Is there more than one property owner?” you are required to enter their name(s) and address(es). This is also needed if there are riparian property owners within 150’ of the site.

Check the ***Uploaded riparian owners to attachment tab*** box and upload a list of names and addresses as a separate file in a later tab OR fill in blanks in this section. Use the ***Add Contact*** button to add more fields as needed.

Click **Continue to Next Tab**

Site Tab

 Save

Do not close your work until you **SAVE**.  Close

HomeContactsSiteApplicationAttachmentsPaymentSignature

Site Information - Has Missing Items

Water Body to be Treated

Lake Property Owners Association
or Lake District Representative:

☐ None

Water Body Name:

County:

Latitude:

Longitude:

Section:

Township:

Range:

Direction:

☐ E ☐ W

Lake Surface Area:

 acres

Estimated Surface area that is 10ft or less

 acres

Waterbody to Treated

Lake Property Owners' Association or Lake District Representative:

Enter name if applicable. If none, check the **None** box.

Waterbody Name and County:

Enter the most accurate name and county corresponding to the site. The name could be waterbody name, property name, wildlife area name, etc.

Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site.

Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc) for TRS and make sure either E (east) or W (west) is selected.

Lake Surface Area:

Supply the total area of contiguous lake, wetland, etc. within which you are proposing to do herbicide treatment. There can be isolated pockets of treatment within the total area; it is sometimes appropriate to include several isolated wetlands onto one permit if they are part of the same project, and they are

near the same lake, for example. If in doubt about what can be included in a single permit, check with your APM coordinator.

Estimated Surface Area that is 10 Feet or Less in Depth:

Enter best estimate. For wetlands, most will be all shallow water, so the area would be the same as indicated in Lake Surface Area.

Proposed Treatment Area					
Area(s) Proposed for Control:					
Treatment Length		Treatment Width		Estimated Acreage	Calculated Volume
100	ft.	x	100	ft.	
				$\div 43,560 \text{ ft.}^2 =$	
				0.23	ac
				5	ft =
				1.15	ac-ft
200	ft.	x	400	ft.	
				$\div 43,560 \text{ ft.}^2 =$	
				1.84	ac
				10	ft =
				18.37	ac-ft
<input checked="" type="checkbox"/> Insert item					
Estimated Acreage				2.07	ac
Grand Total				Calculated Volume	19.51 ac-ft
Grand Total					
Is the area within or adjacent to a sensitive area designated by the Department of Natural Resources.					
<input type="radio"/> Yes <input checked="" type="radio"/> No					
If the estimated acreage is greater than 10 acres, or is greater than 10 percent of the estimated area 10 feet or less in depth in Section II, complete and attach Form 3200-004A, Large-Scale Treatment Worksheet.					

Proposed Treatment Area

Area(s) Proposed for Control:

Determine the entire acreage of the contiguous wet area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here:

<https://dnrm.wi.gov/H5/?Viewer=SWDV>

Use the area measurement tool to delineate the wet area within which you want to control plants. Sometimes this may include getting a best estimate of scattered treatment areas within a larger wet area. Enabling the Wetland layer can help for certain wetland sites, and high ground does not need to be included since that area would not be wet.

Make a best effort to enter length, width, and depth for each polygon and the form will calculate the acreage and provide a grand total. Use the **Insert Item** button to add more polygons.

In cases where this is not feasible, enter an estimated grand total acreage and leave the other fields blank. Enter 1 for average depth of wetlands.

If the Grand Total is more than 10 acres, or more than 10% of the "Lake Surface Area" above, this is considered a large-scale treatment. (See below for additional requirements for large-scale treatments, and ensure Public Notice is uploaded under the **Attachments Tab**).

Is this area within or adjacent to a sensitive area designated by the Department of Natural Resources?

Answer yes or no. If uncertain, you can use SWDV to check using the "Critical Habitat Areas" layer feature or contact your local APM Coordinator.

Click **Continue to Next Tab**.

Application Tab

Chemical Aquatic Plant Control Information - Form 3200-004 (R 2/17)																					
<p>Notice: Use of this form is required by the Department for any application filed pursuant to s. 281.17(2), Wis. Stats., and Chapters NR 107, 200 and 205, Wis. Adm. Code. This permit application is required to request coverage for pollutant discharge into waters of the state. Personally identifiable information on this form may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].</p>																					
<p>Is this permit being requested in accordance with an approved Aquatic Plant Management Plan?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>																					
<p>Treatment Type:</p> <p><input type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Wetland <input type="checkbox"/> Marina <input type="checkbox"/> Other</p>																					
<p>Goal of Aquatic Plant Control:</p> <p><input type="checkbox"/> Maintain navigation channel <input type="checkbox"/> Maintain boat landing and carry in access <input type="checkbox"/> Improve fish habitat <input type="checkbox"/> Maintain swimming area <input type="checkbox"/> Control of invasive exotics <input type="checkbox"/> Other</p>																					
<p>Nuisance Caused By:</p> <p><input type="checkbox"/> Algae <input type="checkbox"/> Emergent water plants (majority of leaves & stems growing above water surface, e.g. cattail, bulrushes) <input type="checkbox"/> Floating water plants (majority of leaves floating on water surface, e.g., water lilies, duckweed) <input type="checkbox"/> Submerged water plants (leaves & stems below surface, flowering parts may be exposed: milfoil, coontail) <input type="checkbox"/> Other</p>																					
<p>List Target Plants</p> <table border="0"><tbody><tr><td><input type="checkbox"/> Algae</td><td><input type="checkbox"/> Flowering Rush</td><td><input type="checkbox"/> Purple Loosestrife</td></tr><tr><td><input type="checkbox"/> Common/Glossy Buckthorn</td><td><input type="checkbox"/> Hybrid Cattail</td><td><input type="checkbox"/> Reed Canary Grass</td></tr><tr><td><input type="checkbox"/> Coontail</td><td><input type="checkbox"/> Hybrid Watermilfoil</td><td><input type="checkbox"/> Reed Manna Grass</td></tr><tr><td><input type="checkbox"/> Curly-Leaf Pondweed</td><td><input type="checkbox"/> Japanese Knotweed</td><td><input type="checkbox"/> Starry Stonewort</td></tr><tr><td><input type="checkbox"/> Duckweed</td><td><input type="checkbox"/> Naiad</td><td><input type="checkbox"/> Yellow Floating Heart</td></tr><tr><td><input type="checkbox"/> Elodea</td><td><input type="checkbox"/> Narrow-Leaf Cattail</td><td><input type="checkbox"/> Yellow Iris</td></tr><tr><td><input type="checkbox"/> Eurasian Watermilfoil</td><td><input type="checkbox"/> Phragmites</td><td><input type="checkbox"/> Pondweed</td></tr></tbody></table>	<input type="checkbox"/> Algae	<input type="checkbox"/> Flowering Rush	<input type="checkbox"/> Purple Loosestrife	<input type="checkbox"/> Common/Glossy Buckthorn	<input type="checkbox"/> Hybrid Cattail	<input type="checkbox"/> Reed Canary Grass	<input type="checkbox"/> Coontail	<input type="checkbox"/> Hybrid Watermilfoil	<input type="checkbox"/> Reed Manna Grass	<input type="checkbox"/> Curly-Leaf Pondweed	<input type="checkbox"/> Japanese Knotweed	<input type="checkbox"/> Starry Stonewort	<input type="checkbox"/> Duckweed	<input type="checkbox"/> Naiad	<input type="checkbox"/> Yellow Floating Heart	<input type="checkbox"/> Elodea	<input type="checkbox"/> Narrow-Leaf Cattail	<input type="checkbox"/> Yellow Iris	<input type="checkbox"/> Eurasian Watermilfoil	<input type="checkbox"/> Phragmites	<input type="checkbox"/> Pondweed
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<input type="checkbox"/> Eurasian Watermilfoil	<input type="checkbox"/> Phragmites	<input type="checkbox"/> Pondweed																			
<p>Other Target Plants:</p> <div></div>																					
<p><small>Note: Different plants require different chemicals for effective treatment. Do not purchase chemical before identifying plants.</small></p>																					

Chemical Aquatic Plant Control Information

Most questions are self-explanatory and are required fields. Please ensure answers are as accurate as possible. Make sure you include all species you intend to control using herbicide in a given year on the site. Use the **Other Target Plants** box to enter additional species.

Chemical Control

Full Trade Name of Proposed Chemical(s)

Select Chemical Name:

☐ Add Herbicide

Other (not listed above) Other:

Have the proposed chemicals been permitted in a prior year on the proposed site?

☐ All ☐ Some ☐ None

Method of Application:

What were the results of the treatment?

NOTE: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.

Alternatives to Chemical Control:	Feasible?	If No, Why Not?
1. Mechanical harvesting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
2. Manual removal	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
3. Sediment screens/covers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
4. Dredging	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
5. Lake drawdown	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
6. Nutrient controls in watershed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
7. Other:	<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>

Note: If proposed treatment involves multiple properties, consider feasibility of EACH alternative for EACH property owner.

Will surface water outflow and/or overflow be controlled to prevent chemical loss?

☐ Yes ☐ No

Is the treatment area greater than 5% of surface area?

☐ Yes ☐ No

Chemical Control

Full Trade Name(s) of Proposed Chemicals:

Use the dropdown list to select the proposed chemicals you wish to use and use the *Add Herbicide* button to enter more than one.

If a chemical is not listed, enter the full trade name under "Other" as long as it is registered for aquatic use in Wisconsin and that its use at the site is consistent with the site type(s) listed on the label. For instance, if a chemical lists canals (and that's the only wet site listed), the chemical cannot be used in a wetland. Herbicides registered for use in Wisconsin can be searched here, including the labels:

www.kellysolutions.com and click on the map of Wisconsin.

Method of Application and past results:

Describe how the herbicides will be applied by choosing from the dropdown or entering a custom explanation. Describe any past results if the site was permitted in prior years.

Alternatives to Chemical Control:

Answer these appropriately and be sure to enter a reason if that alternative was not considered.

Surface water outflow be controlled?

For wetlands, answer No unless there is a check dam of some kind downstream from the treatment sites that will be used.

Remaining questions: Answer appropriately.

WPDES Permit Request

Is WPDES coverage being requested? Refer to <http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html> for more information

☒ Yes - complete section VII with signature.

☐ No

☐ Already have WPDES

☐ WPDES coverage not needed

WPDES Detail

Select which permit you are requesting:

☒ WI-0064556-1 Aquatic Plants, Algae & Bacteria

☒ WI-0064564-1 Aquatic Animals

☒ WI-0064581-1 Mosquitoes & other Flying Insects

Indicate WPDES permittee responsible for the pollutant discharge:

☒ Applicator ☒ Sponsor

Do you expect the pest control activity will result in a detectable pollutant discharge to waters of the state beyond the treatment area boundary or a pollutant residual in waters of the state after the treatment project is completed?

☒ Yes ☒ No

If yes, identify the pollutant(s):

Are you planning to incorporate integrated pest management principles, as specified in the WPDES permit, into your pest control activity to minimize any pollutant residual or pollutant discharge beyond the treatment area?

☒ Yes ☒ No

Type of WPDES coverage being requested:

☒ One Treatment Site ☒ Statewide Coverage

For informational purposes, select areas of WI for most of your aquatic treatments:

☒ NE ☒ NW ☒ SW ☒ SE

Is WPDES coverage being requested for more than 1 year?

☒ Yes ☒ No

If yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted

WPDES Permit Request

WPDES permits are administered by the Wastewater Bureau. Jennifer Jerich oversees this WPDES permit for the Wisconsin DNR. If needed, see detailed information here:

<https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html>

Fill out the appropriate responses and then click **Attachments**.

Attachments Tab

Check that Contacts, Site, and Chemical Aquatic Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.

Home	Contacts	Site	Application	Attachments	Payment	Signature
Required Attachments and Supplemental Information						
Contacts :			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Has Missing Items</div>			
Site:			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Has Missing Items</div>			
Chemical Aquatic Plant Control Application :			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Complete</div>			

Upload Required Attachments (15 MB per file limit) -

[Help reduce file size and trouble shoot file uploads](#)

*indicates completion of this item is required

Note: To add additional attachments using the down arrow icon. To replace an existing file, use the 'Click here to attach file' link. To remove additional items, select the item and press CNTRL Delete.

Riparian Owners

Public Notice

Large Scale Worksheet

Site Map

☒ Add another map

Upload Required Attachments

Riparian Owners:

If you checked the box from the *Contacts Tab*, you are required to upload a file containing the owners list.

Public Notice and Large-Scale Worksheet:

Required only if the estimated acreage is greater than 10 OR if the estimated acreage is greater than 10% of the water body area that is 10 feet or less in depth.


Site Map:

Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. Indicate the direction of surface water flow out of the unit if applicable. If there is a river or creek, draw an arrow and label it "flow". Use the tools used for calculating acreage to generate a map (e.g., <https://dnrmapping.wi.gov/H5/?Viewer=SWDV>).


Use the **Add another map** button to add any other documents you wish to submit with the application.

Click the **Payment** tab at the top of the page.

Payment Tab

 Save

Do not close your work until you **SAVE**.

 Close

Home

Contacts

Site

Application

Attachments

Payment

Signature

Fee Calculation

Chemical Control Application

1. s. NR 107.11(1), Wis. Adm. Code, lists the conditions under which the permit fee is limited to the \$20 minimum charge.
2. s. NR 107.11(4), Wis. Adm. Code, lists the uses that are exempt from permit requirements.
3. s. NR 107.04(2), Wis. Adm. Code, provides for a refund of acreage fees if the permit is denied or if no treatment occurs.

If Proposed treatment is over 0.25, calculate acreage fee:
(round up to nearest whole acre, to maximum of 50 acres)
acres X \$25 per acre = \$

2.07

If proposed treatment is less than 0.25 acre, acreage fee is \$0

\$75.00

Basic Permit Fee (non-refundable)

\$20.00

Total Fee

\$95

Pay Online

Return to Permit

[Fee Exempt?](#)

You can not continue to the signature page until you pay for your application.

The fee is calculated from the acreage information entered on the Site tab. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

Signature Tab

Sign and Submit

Applicant Responsibilities and Certification

1 The applicant has prepared a detailed map which shows the length, width and average depth of each area proposed for the control of rooted vegetation and the surface area in acres or square feet for each proposed algae treatment.

2 The applicant understands that the Department of Natural Resources may require supervision of any aquatic plant management project involving chemicals. Under s.NR 107.07 Wis. Adm. Code, supervision may include inspection of the proposed treatment area, chemicals and application equipment before, during or after treatment. The applicant is required to notify the regional office 4 working days in advance of each anticipated treatment with the date, time, location and size of treatment unless the Department waives this requirement. Do you request the Department to waive the advance notification requirement?

☒ Yes ☐ No

3 The applicant agrees to comply with all terms or conditions of this permit, if issued, as well as all provisions of Chapter NR 107, Wis. Adm. Code. The required application fee is attached.

4 The applicant will provide a copy of the current application to any affected property owners' association Inland Lake District and, in the case of chemical applications for rooted aquatic plants, to all owners of property riparian or adjacent to the treatment area. The applicant has also provided a copy of the current chemical fact sheet for the chemicals proposed for use to any affected property owner's association or Inland Lake District.

5 Conditions related to invasive species movement. The applicant and operator agree to the following methods required under s.NR 109.05(2), Wis. Adm. Code for controlling, transporting and disposing of aquatic plants and animals, and moving water:

- Aquatic plants and animals shall be removed and water drained from all equipment as required by s.30.07, Wis. Stats., and ss. NR 19.055 and 40.07, Wis. Adm. Code.
- Operator shall comply with the most recent Department-approved 'Boat, Gear, and Equipment Decontamination and Disinfection Protocol', Manual Code #9183.1, available at <http://dnr.wi.gov/topic/invasives/disinfection.html>

All portions of this permit, map and accompanying cover letter must be in possession of the chemical applicator at the time of treatment. During treatment all provisions of Chapter NR 107 107.07 and NR 107.08, Wis. Adm. Code, must be complied with, as well as the specific conditions contained in the permit cover letter.

I hereby certify that the above information is true and correct and that copies of the application have been provided to the appropriate parties named in Section II and that the conditions of the permit will be adhered to. All portions of this permit, map and accompanying cover letter must be in possession of the applicant or their agent at time of plant removal. During plant removal activities, all provisions of applicable Wisconsin Administrative Rules must be complied with, as well as the specific conditions contained in the permit cover letter.

Steps to Complete the signature process

IMPORTANT: All email correspondence will be sent to the address associated with your WAMS ID).

1. Read and Accept the Responsibilities and Certification
2. Press the Initiate Signature Process button
3. Open the confirmation email for a one time confirmation code and instructions to complete the signature process.

You will receive a final acknowledgement email upon completing these steps.

☐ Check if you are signing as Agent for Applicant.

☒ I hereby certify that the above information is true and correct and that copies of this submittal have been provided to the appropriate parties named in the contact section and that the conditions of the permit and pesticide use will be adhered to.

Initiate Signature Process

Review Applicant Responsibilities and Certification items 1 – 5 before starting the signature process. You are agreeing with these statements or signifying you have completed them. Under item 2, you may request that APM staff not supervise the treatment, but the program may require it, in which case you would need to give notice to the regional APM staff of any application at least 4 business days before the treatment. If this is the case, your permit cover letter will specify this.

If there were one or more property owners adjacent to your treatment area, or a lake organization representative listed in section II, signing your permit indicates you have provided a copy of this permit to them. You can mail via postal service, email, or hand-deliver a copy. You can also mail a post-card containing a link to a live website where a copy of the permit application can be read in full.

The signature process has two steps. Please read the instructions carefully. Check the first box **ONLY** if you are “agent for applicant.” Check the **“I hereby certify...”** box and click **Initiate Signature Process**. Follow prompts and you will receive an email. You will need to click the link there in order to **finalize** the signature process.

Chemical Permit Application for Private Sites (3200-155)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

The permit application will be saved automatically with this name

Activity

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site to be treated. It is best to use the pond owner's name here.

Activity:

Select *Chemical Control Application*.

The permit is now saved under your drafts and the following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

[Home](#)[Contacts](#)[Site](#)[Application](#)[Attachments](#)[Payment](#)[Signature](#)

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

Example Pond

The permit application will be saved automatically with this name

Activity

Chemical Control Application ▼

Eligibility:

(All questions must be no for it to be considered a private pond.)

Is there more than one property owner?

☐ Yes ☒ No

Will there be uncontrolled surface water discharge?

☐ Yes ☒ No

Does the water body have public access?

☐ Yes ☒ No

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:

http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Enter previous years permit information below to import Contact Information (Optional)

Permit ID #: NE-2020-12-3456

Business Certification Number: 93-123456-789123

[How to locate last years permit](#)

Import Permit

Eligibility:

Answer questions based on the proposed treatment site. You must answer the questions before proceeding. These should all be “no” to fit the definition of a private site. If any are “yes”, the site is considered non-private and will be automatically directed to the non-private form. Please see

[Instructions for Chemical Permit Application Non-Private Sites \(3200-004\)](#)


Enter previous years information (Optional)


To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click **Import Permit**.

Click **Contacts** Tab at the top to proceed.

Contacts Tab

Contact Information

 Save

Do not close your work until you **SAVE**.  Close

Home | **Contacts** | Site | Application | Attachments | Payment | Signature

Contact Information

Applicant or Pond Owner Information (Select Applicant Role)

☐ Private Individual ☐ Contractor ☐ Lake Organization (Specify): _____

Organization

Last Name: *

First Name: *

Mailing Address: *

City: *

State: Wisconsin ▼

Zip Code: *

Email: *

Phone Number: *

(xxx-xxx-xxxx)

Alternative Phone Number:

(xxx-xxx-xxxx)

Applicant or Pond Owner Information (Select Applicant Role)

Role should be *Private Individual*.

Fill out contact information as accurately as possible. Fields marked with red * are required.

Additional Contact Information

Enter additional contact information if it differs from the applicant contact information above.

Additional Contact Information

Last Name:

First Name:

Street Address:

City:

State: Wisconsin ▼

Zip Code:

Email:

Phone Number:

(xxx-xxx-xxxx)

Alternative Phone Number:

(xxx-xxx-xxxx)

Applicator	
Name of Applicator Firm:	<input type="text"/>
Applicator Certification #:	<input type="text"/>
Business Location License #:	<input type="text"/>
Restricted Use Pesticide #:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	Wisconsin ▼
Zip:	<input type="text"/>
County:	<input type="text"/>
Email:	<input type="text"/>
Phone Number: (xxx-xxx-xxxx)	<input type="text"/>

Applicator

Enter applicator contact information. The certification number is for the person(s) applying the herbicide and the business location license # is for the firm. If you do not know the numbers, you can search by last name and by business here: www.kellysolutions.com/WI/Applicators/index.asp Valid numbers for all people who will be handling (loading unsealed herbicide containers, mixing, or applying) must be supplied and the business also must be currently licensed with DATCP. Enter more than 1 number separated by a comma.

Click ***Continue to Next Tab***

Site Tab

Site Information - Has Missing Items	
Water Body to be Treated	
Water Body Name:	<input type="text"/>
County:	<input type="text"/>
Latitude:	<input type="text"/>
Longitude:	<input type="text"/>
Section:	<input type="text"/>
Township:	<input type="text"/>
Range:	<input type="text"/>
Direction:	<input type="radio"/> E <input type="radio"/> W
Lake Surface Area:	<input type="text"/> acres
Estimated Surface area that is 10ft or less	<input type="text"/> acres

Waterbody to Treated

Waterbody Name and County:

Enter the owner's name and county corresponding to the site.

Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site.

Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc) for TRS and make sure either E (east) or W (west) is selected.

Lake Surface Area:

Supply the total area of contiguous pond within which you are proposing to do herbicide treatment.

Estimated Surface Area that is 10 Feet or Less in Depth:

Enter best estimate.

Proposed Treatment Area		
Area(s) Proposed for Control:		
Site Name	Estimated Acreage	
Example Site 1	1.30	ac
Example Site 2	0.56	ac
<input type="button" value="Insert item"/>		
Estimated Acreage Grand Total:		1.86 ac

Proposed Treatment Area

Area(s) Proposed for Control:

Determine the entire acreage of the contiguous wet area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here:

<https://dnrmaps.wi.gov/H5/?Viewer=SWDV>

Use the area measurement tool to delineate the pond area and determine an estimated acreage.

Use the **Insert Item** button to add more sites if there is more than one pond. The form will automatically calculate a sum.

Click **Continue to Next Tab**.

Application Tab

Chemical Aquatic Plant Control Information - Form 3200-155 (R 6/19)		
<small>Notice: Use of this form is required by the Department for any application filed pursuant to s. 281.17(2), Wis. Stats., and Chapters NR 107, 200 and 205, Wis. Adm. Code. This permit application is required to request coverage for pollutant discharge into waters of the state. Personally identifiable information on this form may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].</small>		
Nuisance Caused By:		
<input type="checkbox"/> Algae		
<input type="checkbox"/> Emergent water plants (majority of leaves & stems growing above water surface, e.g. cattail, bulrushes)		
<input type="checkbox"/> Floating water plants (majority of leaves floating on water surface, e.g., water lilies, duckweed)		
<input type="checkbox"/> Submerged water plants (leaves & stems below surface, flowering parts may be exposed: milfoil, coontail)		
<input type="checkbox"/> Other		
List Target Plants		
<input type="checkbox"/> Algae	<input type="checkbox"/> Flowering Rush	<input type="checkbox"/> Purple Loosestrife
<input type="checkbox"/> Common/Glossy Buckthorn	<input type="checkbox"/> Hybrid Cattail	<input type="checkbox"/> Reed Canary Grass
<input type="checkbox"/> Coontail	<input type="checkbox"/> Hybrid Watermilfoil	<input type="checkbox"/> Reed Manna Grass
<input type="checkbox"/> Curly-Leaf Pondweed	<input type="checkbox"/> Japanese Knotweed	<input type="checkbox"/> Starry Stonewort
<input type="checkbox"/> Duckweed	<input type="checkbox"/> Naiad	<input type="checkbox"/> Yellow Floating Heart
<input type="checkbox"/> Elodea	<input type="checkbox"/> Narrow-Leaf Cattail	<input type="checkbox"/> Yellow Iris
<input type="checkbox"/> Eurasian Watermilfoil	<input type="checkbox"/> Phragmites	<input type="checkbox"/> Pondweed
Other Target Plants:		
<input type="text"/>		
<small>Note: Different plants require different chemicals for effective treatment. Do not purchase chemical before identifying plants.</small>		

Chemical Aquatic Plant Control Information

Most questions are self-explanatory and are required fields. Please ensure answers are as accurate as possible. Make sure you include all species you intend to control using herbicide in a given year on the site. Use the **Other Target Plants** box to enter additional species.

Chemical Control
Full Trade Name of Proposed Chemical(s)
Select Chemical Name: <input type="text"/>
<input type="checkbox"/> Add Herbicide
Other (not listed above) Other: <input type="text"/>
Have the proposed chemicals been permitted in a prior year on the proposed site?
<input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None
Method of Application: <input type="text"/>
What were the results of the treatment?
<input type="text"/>
<small>NOTE: Chemical fact sheets for aquatic pesticides used in Wisconsin are available from the Department of Natural Resources upon request.</small>

Chemical Control

Full Trade Name(s) of Proposed Chemicals:

Use the dropdown list to select the proposed chemicals you wish to use and use the *Add Herbicide* button to enter more than one.

If a chemical is not listed, enter the full trade name under "Other" as long as it is registered for aquatic use in Wisconsin and that its use at the site is consistent with the site type(s) listed on the label. For instance, if a chemical lists canals (and that's the only wet site listed), the chemical cannot be used in a

wetland. Herbicides registered for use in Wisconsin can be searched here, including the labels: www.kellysolutions.com and click on the map of Wisconsin.

Method of Application and past results:

Describe how the herbicides will be applied by choosing from the dropdown or entering a custom explanation. Describe any past results if the site was permitted in prior years.

WPDES Permit Request

Is WPDES coverage being requested? Refer to <http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html> for more information

☒ Yes - complete section VII with signature.

☐ No

- ☐ Already have WPDES
- ☐ WPDES coverage not needed

WPDES Detail

Select which permit you are requesting:

☒ WI-0064556-1 Aquatic Plants, Algae & Bacteria

☒ WI-0064564-1 Aquatic Animals

☒ WI-0064581-1 Mosquitoes & other Flying Insects

Indicate WPDES permittee responsible for the pollutant discharge:

☒ Applicator ☒ Sponsor

Do you expect the pest control activity will result in a detectable pollutant discharge to waters of the state beyond the treatment area boundary or a pollutant residual in waters of the state after the treatment project is completed?

☒ Yes ☒ No

If yes, identify the pollutant(s):

Are you planning to incorporate integrated pest management principles, as specified in the WPDES permit, into your pest control activity to minimize any pollutant residual or pollutant discharge beyond the treatment area?

☒ Yes ☒ No

Type of WPDES coverage being requested:

☒ One Treatment Site ☒ Statewide Coverage

For informational purposes, select areas of WI for most of your aquatic treatments:

☒ NE ☒ NW ☒ SW ☒ SE

Is WPDES coverage being requested for more than 1 year?

☒ Yes ☒ No

If yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted

WPDES Permit Request

WPDES permits are required to comply with the Clean Water Act. Therefore, it is separate from the DNR required NR 107 permit. It has been included in this form to minimize paperwork. Chemicals applied to "waters of the state" – which includes any public or private surface water including wet sites with saturated soils – are considered a point source pollution and require permission to discharge.

It is the responsibility of the person who applies for a permit that someone involved in the treatment has WPDES coverage for their business. There is no cost for WPDES permits, and it would be valid for a period of 5 years.

WPDES permits are administered by the Wastewater Bureau. Jennifer Jerich oversees this WPDES permit for the Wisconsin DNR. If needed, see detailed information here:

<https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html>

Fill out the appropriate responses and then click ***Attachments***.

Attachments Tab

Check that Contacts, Site, and Chemical Aquatic Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.

Home	Contacts	Site	Application	Attachments	Payment	Signature
Required Attachments and Supplemental Information						
Contacts :			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Has Missing Items</div>			
Site:			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Has Missing Items</div>			
Chemical Aquatic Plant Control Application :			<input type="button" value="Edit Form"/>			
Completion Status:			<div>Complete</div>			

Upload Required Attachments (15 MB per file limit) -
[Help reduce file size and trouble shoot file uploads](#)
**indicates completion of this item is required*
Note: To add additional attachments using the down arrow icon. To replace an existing file, use the 'Click here to attach file' link. To remove additional items, select the item and press CNTRL Delete.

Riparian Owners

Site Map

Upload Required Attachments

Site Map:

Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. You can use various map tools listed above (e.g., <https://dnrmaps.wi.gov/H5/?Viewer=SWDV>).

Use the **Add another map** button to add any other documents you wish to submit with the application.

Click the **Payment** tab at the top of the page.

Payment Tab

There is a \$20 base application fee. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

Signature Tab

Sign and Submit

Applicant Responsibilities and Certification

1 The applicant has prepared a detailed map which shows the length, width and average depth of each area proposed for the control of rooted vegetation and the surface area in acres or square feet for each proposed algae treatment.

2 The applicant understands that the Department of Natural Resources may require supervision of any aquatic plant management project involving chemicals. Under s.NR 107.07 Wis. Adm. Code, supervision may include inspection of the proposed treatment area, chemicals and application equipment before, during or after treatment. The applicant is required to notify the regional office 4 working days in advance of each anticipated treatment with the date, time, location and size of treatment unless the Department waives this requirement. Do you request the Department to waive the advance notification requirement?

☒ Yes ☐ No

3 The applicant agrees to comply with all terms or conditions of this permit, if issued, as well as all provisions of Chapter NR 107, Wis. Adm. Code. The required application fee is attached.

4 The applicant will provide a copy of the current application to any affected property owners' association inland Lake District and, in the case of chemical applications for rooted aquatic plants, to all owners of property riparian or adjacent to the treatment area. The applicant has also provided a copy of the current chemical fact sheet for the chemicals proposed for use to any affected property owner's association or inland Lake District.

5 Conditions related to invasive species movement. The applicant and operator agree to the following methods required under s.NR 109.05(2), Wis. Adm. Code for controlling, transporting and disposing of aquatic plants and animals, and moving water:

- Aquatic plants and animals shall be removed and water drained from all equipment as required by s.30.07, Wis. Stats., and ss. NR 19.055 and 40.07, Wis. Adm. Code.
- Operator shall comply with the most recent Department-approved 'Boat, Gear, and Equipment Decontamination and Disinfection Protocol', Manual Code #9183.1, available at <http://dnr.wi.gov/topic/invasives/disinfection.html>

All portions of this permit, map and accompanying cover letter must be in possession of the chemical applicator at the time of treatment. During treatment all provisions of Chapter NR 107 107.07 and NR 107.08, Wis. Adm. Code, must be complied with, as well as the specific conditions contained in the permit cover letter.

I hereby certify that the above information is true and correct and that copies of the application have been provided to the appropriate parties name in Section II and that the conditions of the permit will be adhered to. All portions of this permit, map and accompanying cover letter must be in possession of the applicant or their agent at time of plant removal. During plant removal activities, all provisions of applicable Wisconsin Administrative Rules must be complied with, as well as the specific conditions contained in the permit cover letter.

Steps to Complete the signature process

IMPORTANT: All email correspondence will be sent to the address associated with your WAMS ID).

1. Read and Accept the Responsibilities and Certification
2. Press the Initiate Signature Process button
3. Open the confirmation email for a one time confirmation code and instructions to complete the signature process.

You will receive a final acknowledgement email upon completing these steps.

☐ Check if you are signing as Agent for Applicant.

☒ I hereby certify that the above information is true and correct and that copies of this submittal have been provided to the appropriate parties named in the contact section and that the conditions of the permit and pesticide use will be adhered to.

Initiate Signature Process

Review Applicant Responsibilities and Certification items 1 – 5 before starting the signature process. You are agreeing with these statements or signifying you have completed them. You may request that APM staff not supervise the treatment. The determination will be in your permit cover letter.

If there were any property owners adjacent to your treatment area, signing your permit indicates you have provided a copy of this permit to them. You can mail via postal service, email, or hand-deliver a copy. You can also mail a post-card containing a link to a live website where a copy of the permit application can be read in full.

The signature process has two steps. Please read the instructions carefully. Check the first box **ONLY** if you are “agent for applicant.” Check the **“I hereby certify...”** box and click **Initiate Signature Process**. Follow prompts and you will receive an email. You will need to click the link there in order to **finalize** the signature process.

Mechanical/Manual Permit Application (3200-113)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

The permit application will be saved automatically with this name

Activity

Select Activity.....

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site to be treated.

Activity:

Select *Mechanical Control Application*.

The permit is now saved under your drafts and the following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

Home	Contacts	Site	Application	Attachments	Payment	Signature
------	----------	------	-------------	-------------	---------	-----------

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

Example Lake

The permit application will be saved automatically with this name

Activity

Mechanical Control Application

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Enter previous years permit information below to import Contact Information (Optional)

Permit ID #:

NE-2020-12-3456M

Business Certification Number:

93-123456-789123

[How to locate last years permit](#)

Import Permit


Enter previous years information (Optional)


To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click **Import Permit**.

Click **Contacts** Tab to proceed.

Contacts Tab

Contact Information

 Save

Do not close your work until you **SAVE**.  Close

Home

Contacts

Site

Application

Attachments

Payment

Signature

Contact Information

Applicant or Pond Owner Information (Select Applicant Role)

☐ Private Individual ☐ Contractor ☐ Lake Organization (Specify): _____

Organization

Last Name:

First Name:

Mailing Address:

City:

State: Wisconsin ▼

Zip Code:

Email:

Phone Number:
(xxx-xxx-xxxx)

Alternative Phone Number:
(xxx-xxx-xxxx)

Applicant or Pond Owner Information (Select Applicant Role)

Choose role. If *Lake Organization*, enter the name.

Fill out contact information as accurately as possible. Fields marked with red * are required.

Waterbody Address	
Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Street Address:	<input type="text"/> *
City:	<input type="text"/> *
State:	Wisconsin ▼
Zip Code:	<input type="text"/> *
Email:	<input type="text"/>
Phone Number: (xxx-xxx-xxxx)	<input type="text"/>
Alternative Phone Number: (xxx-xxx-xxxx)	<input type="text"/>

Waterbody Address

Enter waterbody contact information. Enter the most accurate address you can find for the site. If you cannot find a specific street address, enter the nearest road name/intersection or fire number. The other fields are optional. Provide that information if it differs from the applicant contact information above.

Removal Firm Information (if sub contracted)	
Name of Firm:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	Wisconsin ▼
Zip:	<input type="text"/>
Email:	<input type="text"/>
Phone Number: (xxx-xxx-xxxx)	<input type="text"/>

Removal Firm Information (if sub contracted)

Enter contact information if applicable.

Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal

In the attachment section, attach a copy of a lake map that includes the property(s) to be harvested. On the map identify the following required information.

- Area and dimensions of each proposed plant removal area.
- Location of all riparian neighbors (property owners riparian to and adjacent to the proposed removal area) including project participants and non-participants. Consecutively number each riparian neighbor (both project participants and non-participants). In the space below:
- Name all riparian owners, including project participants & non-participants. The number should correspond with the numbered properties on the map. Attach additional sheets if necessary.
- Check Yes box to indicate project participants and No box for non-participants.

Name of Riparian Neighbor	Project Participant	Control Dimensions (calculated acreage)
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00

☐ Insert Riparian Owner


Adjacent Riparian Property Owner Names or Other Individuals Sponsoring Removal


Enter name(s) of project participants and/or if there are riparian property owners within 150' of the site. Indicate which are participants and which are not. Use ***Insert Riparian Owner*** button to add more names.

If you prefer to upload a list as a separate file, enter "see attached list" and choose No for project participant. Be sure to then upload a list in the **Attachments** tab containing the necessary information.

Click ***Continue to Next Tab***

Site Tab

 Save

Do not close your work until you **SAVE**.  Close

HomeContactsSiteApplicationAttachmentsPaymentSignature

Site Information - Has Missing Items

Water Body to be Treated

Lake Property Owners Association
or Lake District Representative:

☐ None

Water Body Name:

County:

Latitude:

Longitude:

Section:

Township:

Range:

Direction:

☐ E ☐ W

Lake Surface Area:

 acres

Estimated Surface area that is 10ft or less

 acres

Waterbody to Treated

Lake Property Owners' Association or Lake District Representative:

Enter name if applicable. If none, check the **None** box.

Waterbody Name and County:

Enter the most accurate name and county corresponding to the site. The name could be waterbody name, property name, wildlife area name, etc.

Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site.

Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc) for TRS and make sure either E (east) or W (west) is selected.

Lake Surface Area:

Supply the total area of contiguous lake, wetland, etc. within which you are proposing to do herbicide treatment. There can be isolated pockets of treatment within the total area; it is sometimes appropriate to include several isolated wetlands onto one permit if they are part of the same project, and they are

near the same lake, for example. If in doubt about what can be included in a single permit, check with your APM coordinator.

Estimated Surface Area that is 10 Feet or Less in Depth:

Enter best estimate. For wetlands, most will be all shallow water, so the area would be the same as indicated in Lake Surface Area.

Proposed Treatment Area											
Length of project area	1,000	ft.	x Shoreline or area width	500	ft.	/43,560=	11.478	Estimated Acreage	Avg. Depth	5	ft.
<input checked="" type="checkbox"/> Insert item											
Offshore Control Site Length	150	ft.	x Shoreline or area width	500	ft.	/43,560=	1.722	Estimated Acreage	Avg. Depth	5	ft.
<input checked="" type="checkbox"/> Insert item											
TOTAL ESTIMATED ACREAGE 13.20											

Proposed Treatment Area

Determine the entire acreage of the contiguous treatment area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here:

<https://dnrm.wi.gov/H5/?Viewer=SWDV>

Use the area measurement tool to delineate the wet area within which you want to control plants. Sometimes this may include getting a best estimate of scattered treatment areas within a larger wet area. Enabling the Wetland layer can help for certain wetland sites, and high ground does not need to be included since that area would not be wet.

Make a best effort to enter *length*, *width*, and *depth* for each polygon and for offshore control sites. The form will calculate the acreage and provide a grand total. Use the **Insert Item** button to add more fields.

In cases where this is not feasible, enter a *total estimated acreage* and leave the other fields blank. Enter 1 for average depth of wetlands.

Click ***Continue to Next Tab.***

Application Tab

Notice: Pursuant to s. 23.24, Wis. Stats., the information requested on this form is required by the Department of Natural Resources (DNR) to permit aquatic plant control mechanical and/or manual application. Failure to complete and submit this form will result in no permit being issued. Personally identifiable information collected will be used for program administration and may be made available to requesters to the extent required under Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Section II: Location of Aquatic Plant Removal

Has a Lake Management plan been provided to the DNR? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know	If Yes, date approved of most current copy <input type="text"/>	Location of Applicant file copy <input type="text"/>					
Does the proposed plant removal agree with the approved plan? <input type="radio"/> Yes <input type="radio"/> No							
If NO, explain. Attach additional sheets if necessary. <input type="text"/>							
Is this area within or adjacent to a Sensitive Area designated by the Wisconsin Department of Natural Resources? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't Know If yes, list sites: <input type="text"/>							
Name of 1st Plant Disposal Site (if applicable) <input type="text"/>	1/4 1/4 ...	1/4 ...	Section <input type="text"/>	Township <input type="text"/>	Range <input type="text"/>	<input type="radio"/> E <input type="radio"/> W	County <input type="text"/>
Name of 2nd Plant Disposal Site (if applicable) <input type="text"/>	1/4 1/4 ...	1/4 ...	Section <input type="text"/>	Township <input type="text"/>	Range <input type="text"/>	<input type="radio"/> E <input type="radio"/> W	County <input type="text"/>
What type of aquatic plants below the Ordinary High Water Mark are proposed to be removed? (check all that apply)							
<input type="checkbox"/> Emergent (above water level) <input type="checkbox"/> Submergent (below water level) <input type="checkbox"/> Floating Leaf (at the surface i.e. lily pads)							

Section II: Location of Aquatic Plant Removal

Fill out fields as accurately and completely as possible. For "attach additional sheets if necessary", files can be uploaded in addition to a map in the **Attachments** tab.

Section IV: Methods		
What mechanical or manual methods to remove plants are proposed? (check all that apply)		
<input type="checkbox"/> Mechanical harvesting	<input type="checkbox"/> Raking	<input type="checkbox"/> Other (specify) <input type="text"/>
<input type="checkbox"/> Hand Pulling	<input type="checkbox"/> Cutting	<input type="checkbox"/> Alum
If alum is proposed, has a plan been developed? <input type="radio"/> Yes <input type="radio"/> No If yes, please include the plan with this application.		
Please explain why you selected the proposed cutting method(s). <input type="text"/>		

Section IV: Methods

Fill out fields as accurately and completely as possible. For including an alum plan, files can be uploaded in addition to a map in the **Attachments** tab.

Section VI: Reasons for Aquatic Plant Removal

Purpose of Aquatic Plant Removal:

- ☐ Maintain navigational channel for common use
- ☐ Maintain private boat access
- ☐ Maintain private access for fishing
- ☐ Improve Swimming
- ☐ Other _____

Nuisance Caused By:

- ☐ Emergent water plants
- ☐ Submergent water plants
- ☐ Floating water plants
- ☐ Other _____

Name of plants, if known: _____

Section VI: Reasons for Aquatic Plant Control

Fill out fields as accurately and completely as possible. Be sure to name any plant species you can identify.

Section VII: Integrated Pest Management (Alternatives Considered)

1. Chemical

A. Previously Done?
☐ Yes ☐ No

B. Presently Proposed?
☐ Yes ☐ No

2. Dredging

☐ Yes ☐ No

☐ Yes ☐ No

3. Drawdown

☐ Yes ☐ No

☐ Yes ☐ No

4. Nutrient controls in watershed

☐ Yes ☐ No

☐ Yes ☐ No

5. Nutrient controls on property

☐ Yes ☐ No

☐ Yes ☐ No

6. Other

☐ Yes ☐ No

☐ Yes ☐ No

Note: Consider feasibility of alternatives for **each** control site. This information not only helps the department make a decision on this application but also helps you evaluate your investment in aquatic plant management.

Describe the level of success for alternative methods previously used:

1. Chemical

2. Dredging

3. Drawdown

4. Nutrient controls in watershed

5. Nutrient controls on property

6. Other

Section VII: Integrated Pest Management (Alternatives Considered)

Fill out fields as accurately and completely as possible. Remember that it is important to consider the feasibility of alternative for each control site. It helps the department make a decision on the application and helps you evaluate your investment in aquatic plant management.

Click the **Attachments** tab when complete.

Attachments Tab

Check that Contacts, Site, and Mechanical-Manual Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.

Required Attachments and Supplemental Information	
Contacts :	<input type="button" value="Edit Form"/>
Completion Status:	<div>Has Missing Items</div>
Site:	<input type="button" value="Edit Form"/>
Completion Status:	<div>Has Missing Items</div>
Mechanical - Manual Plant Control Application :	<input type="button" value="Edit Form"/>
Completion Status:	<div>Complete</div>


Upload Required Attachments (15 MB per file limit) -

[Help reduce file size and trouble shoot file uploads](#)


**indicates completion of this item is required*


Note: To add additional attachments using the down arrow icon. To replace an existing file, use the 'Click here to attach file ' link. To remove additional items, select the item and press CNTRL Delete.

Riparian Owners



Site Map



 Add another map

Upload Required Attachments

Riparian Owners:

If you enter “See attachment” in the riparian owner fields from the **Contacts Tab**, please upload a file containing the owners list and project participant information here.

Site Map:


Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. Indicate the direction of surface water flow out of the unit if applicable. If there is a

river or creek, draw an arrow and label it “flow”. Use the tools used for calculating acreage to generate a map (e.g., <https://dnrmaps.wi.gov/H5/?Viewer=SWDV>).


Use the **Add another map** button to add any other documents you wish to submit with the application.

Click the **Payment** tab at the top of the page.

Payment Tab

 Save

Do not close your work until you **SAVE**.

 Close

HomeContactsSiteApplicationAttachmentsPaymentSignature

Fee Calculation

Mechanical Removal

Fees are not refundable and are calculated as follows:

- Single riparian area, one property owner, less than one acre**\$30.00**
- Multiple riparian areas, offshore control areas, multiple riparian properties, one acre or greater \$30/acre (round up to nearest whole acre) If proposed removal acre is greater than 10 acres fee caps at \$300

Acreage:	15.00
Acreage Fee:	\$300
Total Fee:	\$300

Pay Online

Return to Permit

[Fee Exempt?](#)

You can not continue to the signature page until you pay for your application.

The fee is calculated from the acreage information entered on the Site tab. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

Signature Tab

The signature process has two steps. Please read the instructions carefully. Check the first box ONLY if you are “agent for applicant.” Check the “I hereby certify...” box and click ***Initiate Signature Process.*** Follow prompts and you will receive an email. You will need to click the link there in order to **finalize** the signature process.

Chemical Treatment Record (3200-111)

Navigate to the [ePermitting site](#) and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

The permit application will be saved automatically with this name

Activity

Select Activity.....

Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact:
http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT

Home Tab

Site or Project Name:

Enter name of the waterbody/wetland site that you treated.

Activity:

Select *Chemical Treatment Record*.

The treatment record is now saved under your drafts and the following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

Home

Treatment

Attachments

Signature

PLEASE NOTE: You must complete the section below before continuing.

Site or Project Name:

Example Treatment Record

The permit application will be saved automatically with this name

Activity

Chemical Treatment Record

Lookup Treatment Record Information

Permit ID #: NE-2020-12-3456M

[Where to find your permit number](#)

Validate Permit Number

Lookup Treatment Record information

Enter the permit number for the treatment record you are submitting and click **Validate Permit Number**.

Important Note: This is case sensitive (use capital letters) and sensitive to extra spaces/characters before or after the number. Please make sure the number is entered exactly as shown on your permit.

Click **Treatment** Tab to proceed.

Treatment Tab

State of Wisconsin
Department of Natural Resources
dnr.wi.gov

Aquatic Plant Management Herbicide Treatment Record

Form 3200-111 (R 11/16)

Page 1 of 2

Notice: Completion of this form is a condition of the permit and provides records required by WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22). The Department may not issue you future permits unless you complete and submit this form. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Submit this form: (1) immediately if any unusual circumstances occurred during treatment
(2) as soon after treatment as possible, no later than 30 days
(3) by October 1 if no treatment occurred

Completion of this form along with the permit satisfies the requirements of WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22).

General Permit Information			
Permit Number NE-2018-05-0079	Water body Name (including ponds, e.g., Smith Pond)		
County *	Permit Holder Name (Customer Name) *		
Permit Holder Address *	City *	State *	Zip Code *

General Permit Information

Fill out fields as accurately and completely as possible. Red * indicates required fields.

Treatment Information					
Treatment Date (mm/dd/yyyy) 1/14/2020	Starting Time (24:00 hour) *	Ending Time (24:00 hour) *	Water Temp * C F	Ambient Air Temp * C F	
Wind Speed (mph) *	Wind Direction Select or type... *	Expected Duration of Chemical Residuals *			
Adverse Conditions Noted (i.e., dead fish, spawning fish, algae bloom, etc.)					
If adverse conditions noted, indicate corrective actions taken					
Comments					
Onsite Supervision Present? Select... *	If Yes, Supervisor Name :				
Mixing and Loading Site Location (if other than business site or from prepackaged retail container or applied with equipment with a total capacity of not more than 5 gallons liquid or 50 pounds dry)					
<input type="checkbox"/> Herbicide Treatment and Water Use Restrictions Signs Posted in Accordance With NR 107?					
Applicator shall provide each customer with a free copy of each pesticide label used (if requested)					

Treatment Information

Fill out fields as accurately and completely as possible. Red * indicates required fields. For Treatment Date, please only enter one date. If you treated on a second date, please submit that as a separate treatment record.

Applicator Information

Individual or Business Name *		Telephone xxx-xxx-xxxx *
Street Address *		
City *	State *	ZIP Code *
Individuals Making Pesticide Application		
Last Name *	First *	Certification # *
<input type="button" value="Add Individual"/>		
Name of Person Completing Form *		

Applicator Information

Fill out fields as accurately and completely as possible. All fields are required. Use the **Add Individual** button to add names and certification numbers for everyone who was part of the treatment.

Aquatic Plant Management Herbicide Treatment Record

Form 3200-111 (R 11/16)

Page 2 of 2

Date: 1/14/2020

Treatment Site and Chemical Information

Site No	Property Name	Address / Fire No	Treated acreage	Permitted Acreage	Sensitive Area?	Latitude	Longitude
*	*	*	0.00	0.00	<input type="checkbox"/>	*	*
Herbicide Name	EPA Reg. No.	Amount Applied	Units	Application Concentration Rate (mg/l = ppm)			
*		*	Select... *	*			
<input type="button" value="Insert Herbicide"/>							
Other (not listed above) Other: <input type="text"/>							
<input type="button" value="Insert Site"/>							

Treatment Site and Chemical Information

Fill out fields as accurately and completely as possible. Fields with red * are required. Use the **Insert Herbicide** and **Insert Site** buttons to add additional information. Use the **Other** box to add chemicals not listed in the dropdown menu. Include an accurate lat/long for each site treated.

Aquatics at Treatment Site: TS=Target Species SP= Species Present									
TS	SP	Site(s)	TS	SP	Site(s)	TS	SP	Site(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Cattail	<input type="checkbox"/>	<input type="checkbox"/>	Flat-Stem Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Richardson Pondweed	
<input type="checkbox"/>	<input type="checkbox"/>	Chara	<input type="checkbox"/>	<input type="checkbox"/>	Floating-Leaf Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Robbins Pondweed	
<input type="checkbox"/>	<input type="checkbox"/>	Coontail	<input type="checkbox"/>	<input type="checkbox"/>	Illinois Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Sago Pondweed	
<input type="checkbox"/>	<input type="checkbox"/>	Curly-Leaf Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Large-Leaf Pondweed	<input type="checkbox"/>	<input type="checkbox"/>	Watershield	
<input type="checkbox"/>	<input type="checkbox"/>	Duckweed	<input type="checkbox"/>	<input type="checkbox"/>	Northern Milfoil	<input type="checkbox"/>	<input type="checkbox"/>	White Water Lily	
<input type="checkbox"/>	<input type="checkbox"/>	Elodea	<input type="checkbox"/>	<input type="checkbox"/>	Phragmites	<input type="checkbox"/>	<input type="checkbox"/>	Wild Celery	
<input type="checkbox"/>	<input type="checkbox"/>	Eurasian /hybrid Milfoil	<input type="checkbox"/>	<input type="checkbox"/>	Planktonic Algae	<input type="checkbox"/>	<input type="checkbox"/>	White-Stem Pondweed	
<input type="checkbox"/>	<input type="checkbox"/>	Filamentous Algae	<input type="checkbox"/>	<input type="checkbox"/>	Purple Loosestrife	<input type="checkbox"/>	<input type="checkbox"/>		

Aquatics at Treatment Site

Indicate the plant species found during treatment using the check boxes. For records with more than one treatment site, indicate at which site(s) each species was found. Use the blank box on the lower right to add additional species not included on the list.

Click the ***Attachments*** tab to proceed.

Attachments Tab

Required Attachments and Supplemental Information

Chemical Treatment Record :

Completion Status:


Upload Required Attachments (15 MB per file limit) -

[Help reduce file size and trouble shoot file uploads](#)


*indicates completion of this item is required

Note: To add additional attachments using the down arrow icon. To replace an existing file, use the 'Click here to attach file ' link. To remove additional items, select the item and press CNTRL Delete.

Site Map

 Add another map

Treatment Plan

 Add treatment plan

Check that *Chemical Treatment Record* completion status says "Complete".

Upload Site Map and/or Treatment Plan if necessary.

Click the ***Signature Tab*** to proceed.

Signature Tab

Sign and Submit

Applicant Responsibilities and Certification

I certify that I have completed the Chemical Treatment Record as required by WDNR (NR107) and DATCP (ATCP 29.21 and 29.22).

Steps to Complete the signature process

IMPORTANT: All email correspondence will be sent to the address associated with your WAMS ID).

1. Read and Accept the Responsibilities and Certification
2. Press the Initiate Signature Process button
3. Open the confirmation email for a one time confirmation code and instructions to complete the signature process.

You will receive a final acknowledgement email upon completing these steps.

☐ Check if you are signing as Agent for Applicant.

☐ I hereby certify that the above information is true and correct and that copies of this submittal have been provided to the appropriate parties named in the contact section and that the conditions of the permit and pesticide use will be adhered to.

Initiate Signature Process

The signature process has two steps. Please read the instructions carefully. Check the first box **ONLY** if you are “agent for applicant.” Check the “***I hereby certify...***” box and click ***Initiate Signature Process***. Follow prompts and you will receive an email. You will need to click the link there in order to **finalize** the signature process.